

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

RECEIVED
 JUN - 3 2022
 BY: _____

Court Name: _____

Case Name: _____

Case Number: (if known) _____

MOTION TO WAIVE FILING FEES

I, Michael Speight, Petitioner Respondent in the above entitled matter, hereby request that the Court waive the filing fee and service fees in this case as I do not have the financial ability to pay for these fees. I have attached a financial affidavit, signed under oath.

In support of this motion, it is stated as follows:

I am lawyer off I have 4,339
OF BILLS, I collect only 3000

Wherefore, it is respectfully requested that this Court waive the filing fee and service fees in this case.

Date 6/3/22Signed m jz

COURT ORDER

Motion Granted. Motion Denied

Motion granted, in part. Filing fee reduced, party to pay \$ _____.

Payment of the Filing Fee may be assessed against either party at a further hearing.

Sheriff's Fees Waived Sheriff's Fees Not Waived.

Service may be made by certified mail, return receipt requested.

Recommended:

Date _____

Signature of Marital Master/Referee _____

Printed Name of Marital Master/Referee _____

So Ordered:

I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer.

Date 6-6-22

Signature of Judge
Michael J. Zalno

Printed Name of Judge _____

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

RECEIVED
12/17/2024
BY:

Court Name

Case Name

Case Number

12222022-DM-139

PARENTING PETITION

This form replaces the former "Petition for Custody"

1 Petitioner Name VIVIEN SPICIGLI Relationship to Child MOTHER
 Date of Birth 1/8/70 E-mail Address SPICIGLI6317ATGMAIL
 Residence Address 153 4L N Stone RD Derry NH 03038
 Mailing Address (if different) _____
 Telephone (Cell) 978-684 3194 (Home) _____ (Work) _____

2 Respondent Name AMANDA KREBLIN Relationship to Child MOTHER
 Date of Birth 10/3/87 E-mail Address AMANDAKREBLIN@YAHOO
 Residence Address 48 RICHLISON RD MELROSE MA 02176
 Mailing Address (if different) _____
 Telephone (Cell) 617-7718815 (Home) _____ (Work) _____

3 Length of time petitioner has been a resident of New Hampshire 1 YR
 Length of time child(ren) has resided in New Hampshire 1 YR

4 List minor children born to or adopted by the parties:

Name	Date of Birth	Current Address
<u>VIVIEN SPICIGLI</u>	<u>6/3/17</u>	<u>WITH MOTHER</u>

Questions 5 – 9 are required under RSA 458-A, the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA).

It is important that you answer these questions with as much detail and accuracy as possible. Lack of adequate information could significantly delay orders being issued in your case.

There are several situations that might result in New Hampshire exercising jurisdiction over child/ren. The continuous presence of the child/ren in New Hampshire for six (6) months is not the only basis for jurisdiction. In some emergency situations, the court may be able to exercise jurisdiction on a temporary basis.

Case Name: _____

Case Number: _____

PARENTING PETITION

5. List the places where the minor child/ren of the parties has/have lived in the last five (5) years and the names of the people they lived with at that time, if you know. Start with where the child lives now and work backward in time.

Dates From/To	Town/City, State	Parent(s)/Caretaker	Current Address/Contact Address of Parent/Caretaker	Which Child/ren
2017	ANDOVER	BOTT	RIVER RD	
2019				
2020	ANDOVER	BOTT	RIVER RD	
2021 - 2022	ANDOVER	BOTT	RIVER RD	

If more space is needed, attach Extra Page (Form NHJB-2656-FP).
 I have attached Form NHJB-2656-FP because additional space was needed.

6. Are there any person(s), not a party to this proceeding, who have physical custody of the child/ren or who claim to have custody, physical custody or parenting time rights? Yes No
 If yes, list name(s) and address(es) of person(s):

7. Check one of the following:

I have not participated in any court case(s) concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state.
 OR

I have participated in court case(s) concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state. I have participated in the following:

Name of Court	State	Case No.	Date of Court Order
CHLTON PROBATE	MA		ao78

8. Are there any actions for enforcement, or proceedings relating to domestic violence, domestic relations, protective orders, marriage dissolution, paternity, legitimation, custody, parental rights and responsibilities, termination of parental rights, adoption, juvenile, or other proceedings in any court in any state affecting any children named in this petition or parents of those children? Yes No
 If yes, complete the following:

Name of Court	State	Case No.	Type of Court Case

Case Name: _____
 Case Number: _____
PARENTING PETITION

9. Optional: I am alleging, under oath, that my or my child/ren's health, safety, or liberty would be jeopardized by the disclosure of identifying information set forth in this Petition. To support my allegation, I state as follows:

10. Please check one of the following regarding public assistance.

No public assistance (TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided, for any minor child of the parties.

The N. H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (TANF) and/or medical assistance (Medicaid) for a minor child or children of the parties. If you check this box, you must mail copies of this petition and the Personal Data Sheet (NHJB-2077-F) to DHHS at:

New Hampshire Department of Health and Human Services
 Bureau of Child Support Services - Legal Unit
 129 Pleasant Street
 Concord, NH 03301

11. Requests for court orders:

A. TEMPORARY. The Petitioner respectfully requests that the Court issue temporary orders on any of the following issues. (Check all that apply). A temporary order is in effect until the final hearing.

Child support Parenting Plan Other _____

B. FINAL. The Petitioner respectfully requests that the Court issue a final order approving or establishing the following (Check all that apply):

A parenting plan which describes the parties' parental rights and responsibilities relating to minor children;

Child support obligations for any minor children;

Any other relief which may be appropriate;

Other: CUSTODY

I acknowledge that I have a continuing duty to inform the court of any court action in this or any other state that could affect the child/ren in this case.

I swear or affirm that the foregoing information is true and correct to the best of my knowledge.

Date

5/3/24

State of

NH

Signature of Petitioner

MS

County of Rockingham

This instrument was acknowledged before me on 6/13/22 by Michael Speight
 State of New Hampshire
 My Commission Expires 7/5/23

Signature of Notary Officer / Title

Signature of Attorney for Petitioner

Printed Name, Address and Phone Number of Attorney

NHJB-2061-F (04/30/2021)

Page 3 of 3

Bar #

THE STATE OF NEW HAMPSHIRE
 JUDICIAL BRANCH
 NH CIRCUIT COURT

10th Circuit-Family Division-Derry
 10 Courthouse Lane
 Derry, NH 03038

Telephone: 1-855-212-1234
 TTY/TDD Relay: (800) 735-2964
<http://www.courts.state.nh.us>

RETURN OF SERVICE

Case Name
 Case Numbers

 Middlesex Sheriff's Office • 400 Mystic Ave, 3rd Floor, Medford, MA 02155 • 617-542-1171
 Middlesex, ss.

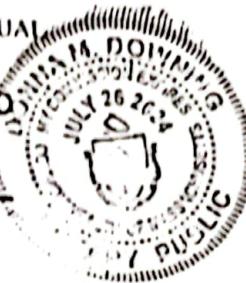
I hereby certify and return that on 6/30/2022 at 7:05 AM I served a true and attested copy of the NOTICE TO PARTIES, MOTION TO WAIVE FILING FEES, PARENTING PETITION, APPEARANCE/WITHDRAWAL, CHECK LIST & COVER SHEET, INFORMATION ABOUT RULE 1.25-A, CUSTODY AFFIDAVIT, MEDIATION, CHILD IMPACT PROGRAM NOTICE, FINANCIAL AFFIDAVIT, in this action in the following manner: To wit, by leaving at the last and usual place of abode of AMANDA KABELLEIN, 48 RICHARDSON RD MELROSE, MA 02176. Fees: Out of State Service (\$100.00) Total: \$100.00

June 30, 2022


 Laurie Aufiero

Deputy Sheriff

SUBSCRIBED AND SWEORN TO
 THIS 30th DAY OF JUN 2022
 /X/ Notary Public
 MY COMMISSION EXPIRES 7/26/2024



named _____ being _____
 Street in _____ in said County, _____
 a copy of the attached pleading and order of notice thereon, attested as such by _____, Clerk of the Family Division for the County of _____, and State of New Hampshire, of which the foregoing is a true copy. I am authorized to serve similar process in the County where service was made.

(Signature of Sheriff or Deputy) (Official Title) (Address)

2B. **Jurat of Clerk of Court or Notary Public**

State of _____ County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____ Signature of Notarial Officer / Title
 Affx Seal, if any

2C. **Certificate of Clerk of Court or County Clerk**

State of _____ County of _____

I, _____ Clerk of the _____ for the County of _____
 _____ and State of _____ do hereby certify that

_____, whose name is subscribed to the foregoing return of service, was at the time of making the same a deputy sheriff _____ in and for said county, and as such was duly authorized to serve similar process in said county.

In witness whereof I have hereto set my hand and official seal _____.

(OFFICIAL SEAL)

(Signature of Official) (Official Title) (Address of Official)